



NOMINATION FOR REGIONAL DIRECTOR OF
CALIFORNIA ORGANIZATION OF LICENSING
REGISTRATION EXAMINERS (COLRE)

Nominee: _____

Region: _____

General Members in support of nomination:

Name: _____ **SSN (last 4)** _ _ _ _

Name: _____ **SSN (last 4)** _ _ _ _

Please scan or fax to:

Contactus@Cslea.com or (916) 889-8289

NOTE: Nominations must be received no later than April 10, 2015.